

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3/18/97</u>		2 Serial/Patent # <u>08/138 944</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		\$ <u>865.10</u> 1.1M							
<input type="checkbox"/>	Amendment		\$ <u>1,726.00</u>							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>1,726.00</u> <u>865.10</u> 1.1M								
10 REASON:		8 TO BE REFUNDED BY:								
		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>6</td><td>--</td><td>1</td><td>1</td><td>5</td><td>0</td> </tr> </table>		1	6	--	1	1	5	0
1	6	--	1	1	5	0				
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Dorothy Dixon</u>		TITLE: _____								
SIGNATURE: <u>Dorothy Dixon</u>		PHONE: <u>308-0901</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Michelle Middleton</u>		DATE: <u>3-19-97</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: